

Application Data Sheet**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	PROCESS FOR OBTAINING GROWTH FACTOR PREPARATIONS (TGF-BETA AND IGF-1) FROM MILK PRODUCTS HAVING LOW MUTUAL CROSS- CONTAMINATION
Attorney Docket Number::	2001-1028
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	1
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: THE NETHERLANDS  
Status:: Full Capacity  
Given Name:: MARINUS GERARDUS CORNELIS  
Middle Name::  
Family Name:: KIVITS  
City of Residence:: SCHIJNDEL  
State or Province of Residence::  
Country of Residence:: THE NETHERLANDS  
Street of Mailing Address:: EIKENSTRAAT 50

City of Mailing Address:: SCHIJNDEL  
State or Province of Mailing Address::  
Country of Mailing Address:: THE NETHERLANDS  
Postal or Zip Code of Mailing Address:: NL-5482 CC

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: THE NETHERLANDS  
Status:: Full Capacity  
Given Name:: ANDOR WILHELM JOSEPH  
Middle Name::  
Family Name:: HENDRICKS  
City of Residence:: NEDERWEERT  
State or Province of Residence::  
Country of Residence:: THE NETHERLANDS  
Street of Mailing Address:: TOREN 23

City of Mailing Address:: NEDERWEERT  
State or Province of Mailing Address::  
Country of Mailing Address:: THE NETHERLANDS  
Postal or Zip Code of Mailing Address:: NL-6031 GG

Applicant Authority Type:: Inventor  
 Primary Citizenship Country:: THE NETHERLANDS  
 Status:: Full Capacity  
 Given Name:: LEONARD FRANCISCUS  
 Middle Name::  
 Family Name:: MALLEE  
 City of Residence:: UTRECHT  
 State or Province of Residence::  
 Country of Residence:: THE NETHERLANDS  
 Street of Mailing Address:: BLOEMSTRAAT 21

City of Mailing Address:: UTRECHT  
 State or Province of Mailing Address::  
 Country of Mailing Address:: THE NETHERLANDS  
 Postal or Zip Code of Mailing Address:: NL-3581 WC

#### **Correspondence Information**

Correspondence Customer Number:: 000466

#### **Representative Information**

Representative Customer Number::	000466
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#### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/NL99/00621	10/6/99

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::

**Assignment Information**

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::